



Notification of Pregnancy

**Indiana Health Coverage Programs
Gainwell Technologies
May 2026**

Agenda

- What Is the Notification of Pregnancy?
- Completing the Notification of Pregnancy
- NOP Inquiry
- Helpful Tools
- Questions



What Is the Notification of Pregnancy?



What Is NOP?

- The Notification of Pregnancy (NOP) facilitates communication between an Indiana Health Coverage Programs (IHCP) member's provider and the managed care entity (MCE) when a pregnancy is identified.
- The process requires the provider to complete the NOP by including current and accurate member demographics, any high-risk pregnancy indicators identified during the office visit, and basic pregnancy information.



MCE and the NOP

- The MCE receives the NOP and is responsible for contacting the pregnant member to complete a comprehensive pregnancy health-risk assessment within 21 days. The MCE then assigns a risk level of high or low.
- The MCE develops a care management plan for members determined to be high risk, providing the necessary outreach and support through the pregnancy to ensure the best birth outcome for mother and baby.



Goals of the NOP

- Identify health-risk factors in IHCP-eligible pregnant women
- Monitor risk factors and outcomes for IHCP pregnancies
- Increase the percentage of pregnant women assessed within the first trimester
- Increase the average birth weight of babies
- Reduce smoking rates for pregnant women
- Reduce the number of preterm deliveries
- **Improve birth outcomes in Indiana**



Reimbursement for NOP



Providers may receive \$60 for one NOP per managed care member, per pregnancy. The following requirements must be met for a provider to be eligible for reimbursement for submitting an NOP:

- The member must be enrolled with an MCE, either through Healthy Indiana Plan (HIP), Hoosier Care Connect or Hoosier Healthwise, or as a presumptively eligible individual who has enrolled with an MCE.
- The member's pregnancy must be **less than 30 weeks** gestation at the time of the office visit on which the NOP is based.
- The NOP must be submitted via the [IHCP Provider Healthcare Portal](#) no more than **five calendar days** from the date of the office visit on which the NOP is based.
 - The NOP must be submitted by a billing or group provider with an applicable specialty (see the [Obstetrical and Gynecological Services](#) provider module).
 - The NOP cannot be submitted on paper.
- The NOP cannot be a duplicate of a previously submitted NOP.



NOP – Frequency

- Only one NOP per member, per pregnancy is eligible for reimbursement
- If the system identifies a potential duplicate NOP submission, the provider is notified onscreen and may attest that there is no duplication by selecting one of the following reasons for the subsequent NOP submission:
 - Member abortion
 - Member preterm delivery
 - Member miscarriage



Completing the Notification of Pregnancy



Verifying Eligibility

Verify eligibility to ensure that the qualifications are met:

- Verify eligibility for date of service
- Member is assigned an MCE

Eligibility Verification Request


* Indicates a required field.

Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID	<input type="text"/>	Last Name	<input type="text"/>	First Name	<input type="text"/>
SSN*	<input type="text"/>	Birth Date*	<input type="text"/>		
Effective From	<input type="text" value="02/02/2021"/>	Effective To*	<input type="text"/>		



Ensuring Eligibility

Benefit Details				
Coverage	Description	Member must be eligible	Effective Date	End Date
Medicaid Rehabilitation Option	Medicaid Rehabilitation Option services		02/02/2021	02/02/2021
Package A-Standard Plan	Package A-Standard Plan		02/02/2021	02/02/2021

Limit Details		
The Dollar Limits and Service Limits may not reflect recent claims.		
Service Limits	Limit	Remaining
6012 MEDICAL SERVICES 30 PER YEAR	30	28
6209 FULL MOUTH OR PANORAMIC X-RAYS LIMIT ONCE /3	1	-

Managed Care Assignment Details			
Managed Care Program		Primary Medical Provider	Provider Phone
Hoosier Healthwise Managed Care			
Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone
02/02/2021	02/02/2021	MANAGED HEALTH SERVICES	1-877-647-4848

Member must be assigned to an MCE



NOP – Physician Information

All fields must be completed.



The screenshot shows a web form titled "Physician Information" within a "Member in Focus" window. The window has a blue header with the text "Member in Focus:" and "Change ID:" followed by a redacted ID. On the right side of the header are links for "Return to Member Focus" and "Close Member Focus" with a close button (X). A help icon (?) is in the top right corner of the form area. The form itself has a light blue header with the title "Physician Information". Below this, there are four fields: "*Provider Name" with a drop-down menu, "Provider ID" with a redacted value, "Provider Telephone" with a redacted value, and "*Person Completing Form" with a text input field.

- Use the drop-down option to choose the rendering provider name
- Add name of person keying the NOP into the IHCP Portal



NOP – Member Information

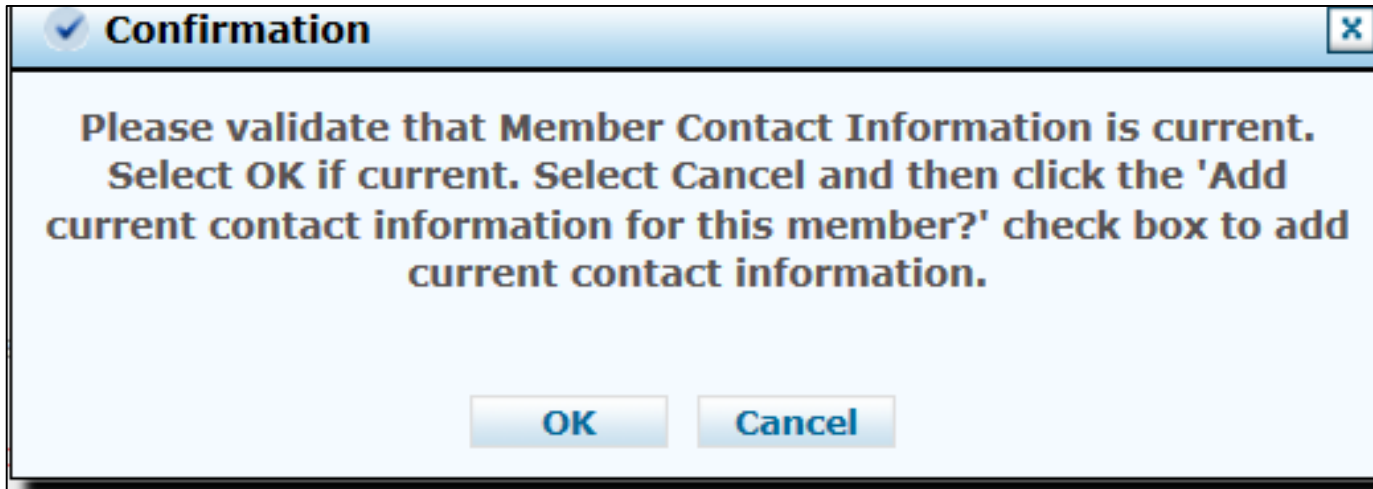
Member Information	
Member ID
Member Name	
Member Address	
City, State, Postal Code	
Date of Birth	
Member Phone 1	Member Phone 2
Member Email	
Medicaid Status	Healthy Indiana Plan Managed Care
If Member contact information is not current, please provide the member's current address, telephone number(s) and/or email address. Add current contact information for this member? <input type="checkbox"/>	
If ANY member contact information has changed, the member <u>must</u> call DFR at 1-800-403-0864.	
Address Line 1	
Address Line 2	
City	State Indiana Postal Code
Phone 1	Phone 2
Email	
*Date of Service	
*LMP	*EDC
*# Weeks Pregnant	*Current Tobacco User <input type="radio"/> Yes <input type="radio"/> No

The name, address and telephone number is prepopulated from the member eligibility file

If the prepopulated information is incorrect, please obtain the correct information from the member when you complete the NOP to ensure that the MCE is able to contact the member in a timely manner

Members should be informed to contact the Division of Family Resources (DFR) with any updates

NOP – Address Verification



NOP – Other Risk Indicators

Indicate ALL risks that apply

Other Risk Indicators
Select all that apply.
<input type="checkbox"/> Obstetrical History <input type="checkbox"/> Medical History/Exam <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Environmental/Social
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>

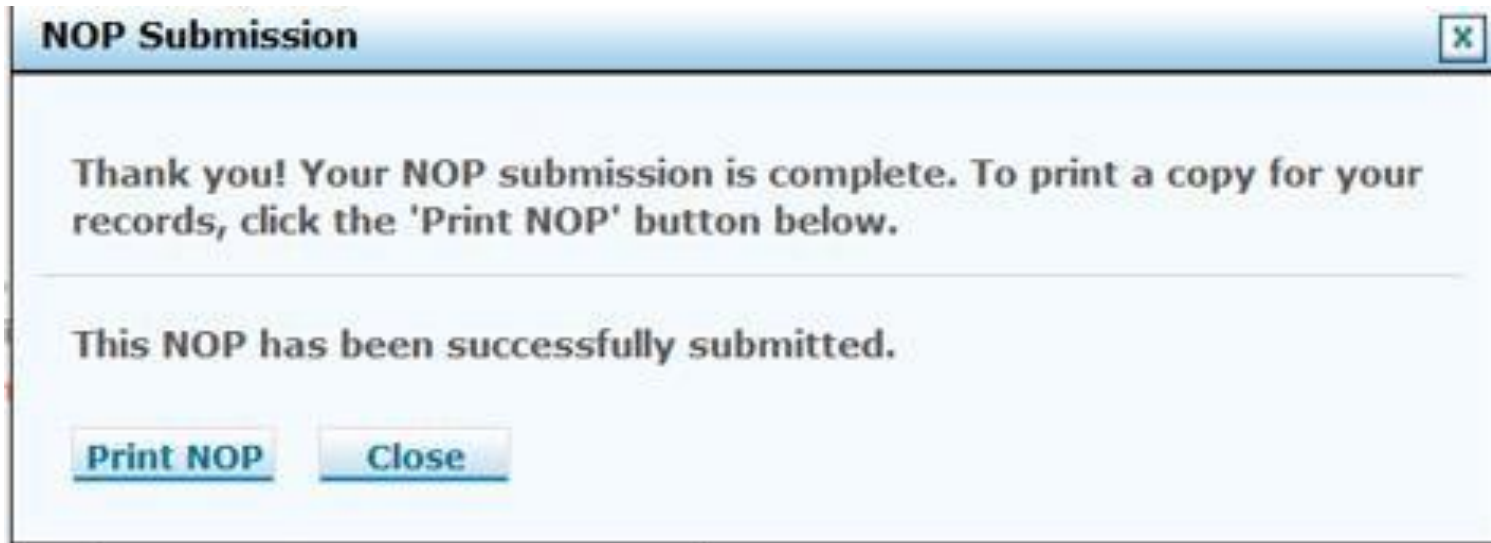


NOP – High Risk

- To document high-risk pregnancies for managed care members, providers may retain a copy of the submitted NOP in the patient's record for retrospective review. NOPs can be completed at any time during the pregnancy, preferably during the initial visit, to document and monitor pregnancy conditions
- If a normal pregnancy becomes high-risk at any time during the pregnancy, providers should use the NOP to document the change



NOP – Confirmation Print



Sample NOP Form

GAINWELL TECHNOLOGIES
PO BOX 50452
INDIANAPOLIS, IN 46250-0418



Mike Braun, Governor
State of Indiana
Indiana Health Coverage Programs
800-457-4584
www.in.gov/medicaid

Date: 5/18/2026

NOP ID: «nop/nopid»

Indiana Health Coverage Programs

Early prenatal care can address potential health risks that contribute to poor birth outcomes. The earliest possible completion of this form allows us to best use our resources and services to help you and your patient achieve a healthy pregnancy outcome.

Notification of Pregnancy Form

(Submitted via Provider Healthcare Portal: <https://portal.indianamedicaid.com>)

Member Information:	Date of Service: «dateofservice»
RIID #: «member/memberid»	DOB: «member/dateofbirth»
Member Name: «member/name»	
Address 1: «member/address1»	
Address 2: «member/address2»	
City: «member/city»	State: «state» Zip: «zip»
Email address: «member/email»	
Phone #1: «member/phone»	Phone #2: «member/allphone»

If ANY member contact information has changed, the member **must** call DFR at 1-800-403-0864

A message to you from Indiana Health Coverage Programs:

This Notification of Pregnancy Form (NOP) will be used to determine areas for additional follow-up care and services.

Online Submission -

Recognized providers can submit the NOP electronically via the Provider Healthcare Portal @ <https://portal.indianamedicaid.com>.
IHCP Provider Healthcare Portal Help Desk: 1-800-457-4584.

Important Notice! Uninsured pregnant women, including those with pending IHCP applications, should be referred to qualified providers so that presumptive eligibility can be established. Go to the Provider Search page at <https://portal.indianamedicaid.com>.

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care Connect •
Hoosier Healthwise • Indiana Pathways for Aging • Traditional Medicaid



Form MGD-NQPR-Q

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Health Plan	
«pro/mcename»	
Provider Information	
Name: «pr/name»	Provider NPI/LPI: «pr/npi»
Provider NPI/LPI: «pr/npi»	Provider NPI/LPI: «pr/npi»
Person completing the form: «nop/name» (Physician or Office Staff)	
Date: «nop/signdate»	Date: «nop/signdate»
IHCP Providers may be eligible for reimbursement for successful submission of this form.	
Required Medical Info:	
LMP: «nop/lmp»	EDC: «nop/edc»
# of weeks pregnant: «nop/weeks»	
Current Tobacco User: «nop/tab»	
Other Risk Indicators:	
«no»	Obstetrical History
«no»	Medical History/Exam
«no»	Mental Health
«no»	Substance Abuse
«no»	Environmental/Social

NOP Inquiry



NOP Inquiry

NOP Inquiry allows the user to search for NOPs on a member's behalf using one of three search criteria:

- Any date
- Date of service
- Date submitted

Notification of Pregnancy Inquiry

* Indicates a required field.

Any Date of Service Date Submitted

From Date To Date

Search By

Notification of Pregnancy Search Results

Total Records: 1

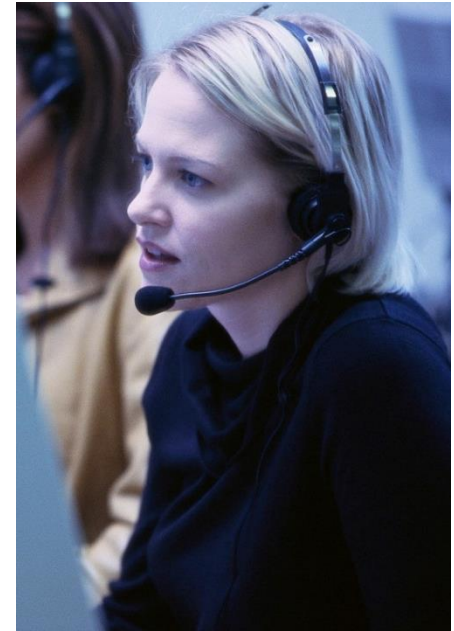
NOP ID	Member ID	Member Name	NOP DOS	NOP Submit Date	Status	Reason(s)

Helpful Tools



Helpful Tools to Use

- IHCP website at in.gov/medicaid/providers
 - [Provider References](#)
- Customer Assistance available 8 a.m. – 5 p.m. Eastern Time Monday – Friday
 - 800-457-4584
- IHCP Provider Relations Field Consultants
 - See the [Provider Relations Field Consultants](#) webpage at in.gov/medicaid/providers
- Secure correspondence via the IHCP Portal
- Written Correspondence
 - Gainwell – Written Correspondence
PO Box 50442
Indianapolis, In 46250-0418



Questions

